Image# 26950721165 10/26/2006 16:59 PAGE **1** / **5** 

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	
DEFENDERS OF WILDLIFE ACTION FUND	
DEFENDENCE OF WIEDER ENOTION FORD	
(b) Address (number and street)	
(c) City, State and ZIP Code	
WASHINGTON DC 20036	FEC Identification Number
2. Corporate filers only	<b>C</b> C90007907
Is the filer a qualified nonprofit corporation?	
Individual filers only Name of Employer	Occupation
Traine or Employer	
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Hour Report
July 15 Quarterly Report	
October Quarterly Report	
January 31 Year-End Report	
(b) Is this Report an amendment? Yes No X	
5. COVERING PERIOD: FROM M M / D D / Y Y Y Y	
THROUGH	
M M / D D / Y Y Y	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	22121.00
7. TOTAL INDEFENDENT EXPENDITURES	ZETZTIOO
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consen request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addi reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's reported herein were not made with the cooperation or prior consent requests.	ition, if the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Anne Saer	10/26/2006
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this r	
NOTE. Submission of laise, enoneous of incomplete information may subject the person signing this r	eport to the penalties of 2 0.5.0 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (Rev. 09/2005)

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FOR LINE 7 FOR FORM 5

AME OF FILER (In Full) DEFENDERS OF WILDLIFE ACTION FUI	ND			
Full Name (Last, First, Middle Initial) of Payee MSHC Partners				Date
Mailing Address 1155 15th Street				Amount / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20005	e	2011.00
Purpose of Expenditure Mailing		Category/ Type	006	Office Sought: X House State: AZ  House Senate District: 1
Name of Federal Candidate Supported or Oppor Rick Renzi	sed by Expenditure:			Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought			.00	Disbursement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee MSHC Partners				Date  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1155 15th Street				Amount 2011.00
City Washington	State DC	Zip Code 20005	e 	
Purpose of Expenditure  Mailing		Category/ Type	006	Office Sought: X House State: AZ  House Senate District: 5
Name of Federal Candidate Supported or Oppor JD Hayworth	sed by Expenditure:			Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought			.00	Disbursement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee MSHC Partners				Date  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1155 15th Street				Amount 2011.00
City Washington	State DC	Zip Code 20005	9	
Purpose of Expenditure Mailing		Category/ Type	006	Office Sought: X House State: CA  House Senate District: 4
Name of Federal Candidate Supported or Oppor John Doolittle	sed by Expenditure:			Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought			.00	Disbursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expend	ditures			6033.00
(b) SUBTOTALof Unitemized Independent Expenses	enditures			
(c) TOTAL Independent Expenditures(carry total from last page forward to				

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)		,
DEFENDERS OF WILDLIFE ACTION FUND		
Full Name (Last, First, Middle Initial) of Payee		Date
MSHC Partners		
14.55		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1155 15th street		Amount
1100 Total otroct		2011.00
City State	Zip Code	2011.00
Washington DC	20005	
Purpose of Expenditure	Category/	Office Sought: X House State: CA
Mailing	Type 006	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 11
Richard Pombo		Check One: Support X Oppose
		Disbursement For: Primary General
Calendar Year-To-Date Per Election	.00	Trimary deficial
for Office Sought	.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	•	Date
MSHC Partners		
Mailing Address		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1155 15th St		Amount
Clate	Zin Onda	2011.00
City State Washington DC	Zip Code 20005	
	20003	
Purpose of Expenditure  Mailing	Category/	Office Sought: X House State: CO
	Type 006	House Senate District: 4
Name of Federal Candidate Supported or Opposed by Expenditure:		President
marilyn Musgrave		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee MSHC Partners		Date
WSHO Faithers		10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
1155 15th Street		
City State	Zip Code	2011.00
Washington DC	20005	
Purpose of Expenditure	Category/	Office Sought: X House State: FL
Mailing	Type 006	House
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 8
Ric Keller		Check One: Support X Oppose
Calendar Year-To-Date Per Election	.00	
for Office Sought	.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		6033.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LIN	NE 7 FOR FORM 5

NAME OF FILER (In Full) DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee				Date
MSHC Partners				M M / D D / Y Y Y Y
Mailing Address				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1155 15th St				Amount
City	tate	Zip Code		2011.00
Washington D	C	20005		
Purpose of Expenditure		Category/		Office Sought: X House State: IN
Mailing		Type	006	House Senate District: 2
Name of Federal Candidate Supported or Opposed by Exp	enditure:	•		President Sistrict:
Chris Chocola				Check One: Support X Oppose
Calendar Year-To-Date Per Election				Disbursement For: Primary General
for Office Sought	• • • •		.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
MSHC Partners				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				
1155 15th St				Amount
9	tate	Zip Code		2011.00
ŭ	C	20005		
Purpose of Expenditure		Category/	006	Office Sought: X House State: IN
Mailing		Туре	006	House Senate District: 9
Name of Federal Candidate Supported or Opposed by Exp Mike Sodrel	enditure:			President
IVIIKE Soulei				Check One: Support X Oppose
Calendar Year-To-Date Per Election				Disbursement For: Primary General
for Office Sought			.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
MSHC Partners				M M / D D / Y Y Y Y
Mailing Address				M <sub>1.0</sub> / D <sub>2.5</sub> / Y <sub>2.0</sub> Y <sub>0.6</sub> Y
1155 15th St				Amount
City	tate	Zip Code		2011.00
Washington D	C	20005		
Purpose of Expenditure		Category/	000	Office Sought: X House State: IN
Mailing		Туре	006	House Senate District: 8
Name of Federal Candidate Supported or Opposed by Exp	enditure:	•		President
John Hostettler				Check One: Support X Oppose
Calendar Year-To-Date Per Election				Disbursement For: Primary General
for Office Sought			.00	Other (specify)
(c) CUPTOTAL (Universal Industrial Experience				6033.00
(a) SUBTOTAL of Itemized Independent Expenditures	•••••			
(b) SUBTOTALof Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				

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TEMIZED INDEPENDENT EXPENDITURES	FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)	, TORKENE , FORT ORING
DEFENDERS OF WILDLIFE ACTION FUND	
Full Name (Last, First, Middle Initial) of Payee	Date
MSHC Partners	M M / D D / Y Y Y Y
Mailing Address	- 10 25 Y Y Y Y Y Y Y
1155 15th St	Amount
City State Zip Code	2011.00
Washington DC 20005	
Purpose of Expenditure Category/ Of	fice Sought: X House State: KY
Mailing	House
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 3
Anna Northun	neck One: Support X Oppose
	Sbursement For: Primary General
Calendar Year-To-Date Per Election	consta
Tot Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
MSHC Partners	M M / D D / Y Y Y Y Y 1 1 0 1 0 1 0 0 0 0 0 0 0 0 0
Mailing Address	
1155 15th St	Amount
City State Zip Code	2011.00
Washington DC 20005	
Oalogory/	fice Sought: X House State: MN
Mailing Type 006	House Senate District: 1
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
Gil Gutknecht Ch	neck One: Support X Oppose
Calendar Year-To-Date Per Election	sbursement For: Primary General
00   1	Other (specify)
-	
	1000.00
(a) SUBTOTAL of Itemized Independent Expenditures	4022.00
(b) SUBTOTALof Unitemized Independent Expenditures	
(a) TOTAL Independent Evacaditures	22121.00

(c) TOTAL Independent Expenditures .....

(carry total from last page forward to Line 7)